



Border Environment Cooperation Commission

Comisión de Cooperación Ecológica Fronteriza



C11204/PAT2010

August 6, 2010

U.S. Environmental Protection Agency
Attention: Mr. Gina Weber, U.S. Mexico Coordinator
Region 6
1445 Ross Avenue, Suite 1200, 6WQAP
Dallas, Texas 75202-2733

Subject: Application for Federal Assistance Program for B2012 Program - Emergency Response Preparedness.

Dear Ms. Weber:

Attached is an application requesting federal assistance for the B2012 Assistance Program. The amount requested is \$130,000.

The request includes: 1) SF-424, Application for Federal Assistance, 2) SF-424A, Budget Information Non-Construction Programs Pages 1 & 2, 3) Object Class Categories, 4) Assurance-Non-Construction Programs, 5) Key Contact Form, 6) Certification Regarding Debarment, Suspension, and Other Responsibility Matters, 7) Certification Regarding Lobbying, 8) EPA Form-4700-4, Pre-award Compliance Review Report for All Applicants Requesting Federal Financial Assistance, and 9) Work Plan.

Thank you for your continued support of the Commission's mission in the U.S./Mexico border region.

If you require additional information, please contact Mr. Jose Arreola, Technical Assistance Program Manager, at 1-877-277-1703.

Sincerely,

Daniel Chacon
General Manager

Enclosure: As stated
c.c.: File

RECEIVED
EPA REGION 6
GRANT PROGRAMS SECTION
AUG -9 PM 2:38



Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* Other (Specify)	
*3. Date Received:		4. Application Identifier:			
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: X4- 00 F28201-0			
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
8. APPLICANT INFORMATION:					
* a. Legal Name: Border Environment Cooperation Commission					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 74-2726590			*c. Organizational DUNS: 1471148309		
d. Address:					
*Street1: P.O. Box 221648 Street 2: *City: El Paso County: *State: Texas Province: Country: United States					
*Zip/ Postal Code: 79913					
e. Organizational Unit:					
Department Name: Technical Assistance			Division Name: Planning and Technical Assistance		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr. Middle Name: Antonio *Last Name: Arreola Suffix: Title: Technical Assistance Manager					
First Name: Jose					
Organizational Affiliation:					
*Telephone Number: 1-877-277-1703			Fax Number: 915-975-8280		
*Email: jarroela@cocef.org					

RECEIVED
10 AUG -9 PM 2:38
EPA REGION 6
CRANFORD, NJ
SECTION 6

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant TX 15, 16, 23, 27 & 28

*b. Program/Project: US/Mexico Border

Attach an additional list of Program/Project Congressional Districts if needed.

NM 2, And 60 miles into along entire US/Mexico Border

17. Proposed Project:

*a. Start Date: 10/01/2010

*b. End Date: 12/31/2013

18. Estimated Funding (\$):

*a. Federal \$130,000.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$130,000.00

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ **I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr.

*First Name: Daniel

Middle Name:

*Last Name: Chacon

Suffix:

*Title: General Manager

*Telephone Number: 1-877-277-1703

Fax Number: 915-975-8280

*Email: dchacon@cocef.org

*Signature of Authorized Representative:

Date Signed: 8/6/2010

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: - Select One -

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

International Organization

*10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-931

CFDA Title:

International Financial Assistance Projects Sponsored by the Office of International Affairs

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Texas, Tamaulipas, Nuevo Laredo, and Coahuila

*15. Descriptive Title of Applicant's Project:

US-Mexico Border Grant - Implementation of Border 2012 Plan Emergency Preparedness

Attach supporting documents as specified in agency instructions.

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.	66-950	\$	\$	\$ 130,000.00	\$	\$ 130,000.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$	\$ 0.00	\$ 130,000.00	\$ 0.00	\$ 130,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1)	(2)	(3)	(4)	(5)	
a. Personnel	\$	0.00	\$	\$	\$	0.00
b. Fringe Benefits		0.00				0.00
c. Travel		0.00				0.00
d. Equipment		0.00				0.00
e. Supplies		0.00				0.00
f. Contractual						0.00
g. Construction						0.00
h. Other		117,000.00				117,000.00
i. Total Direct Charges (sum of 6a-6h)		117,000.00	0.00	0.00	0.00	117,000.00
j. Indirect Charges		13,000.00				13,000.00
k. TOTALS (sum of 6i and 6j)	\$	130,000.00	\$ 0.00	\$ 0.00	\$ 0.00	130,000.00
7. Program Income	\$		\$	\$	\$	0.00

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS		
8.	\$	\$	\$	\$	\$	0.00
9.						0.00
10.						0.00
11.						0.00
12. TOTAL (sum of lines 8-11)	\$	0.00 \$	0.00 \$	0.00 \$		0.00
SECTION D - FORECASTED CASH NEEDS						
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal	\$ 130,000.00	\$ 32,500.00	\$ 32,500.00	\$ 32,500.00	\$	32,500.00
14. Non-Federal	0.00					
15. TOTAL (sum of lines 13 and 14)	\$ 130,000.00	\$ 32,500.00	\$ 32,500.00	\$ 32,500.00	\$	32,500.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program	FUTURE FUNDING PERIODS (Years)					
	(b) First	(c) Second	(d) Third	(e) Fourth		
16.	\$	\$	\$			
17.						
18.						
19.						
20. TOTAL (sum of lines 16-19)	\$	0.00 \$	0.00 \$	0.00 \$		0.00
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:	22. Indirect Charges:					
23. Remarks:						

OBJECT CLASS CATEGORIES

a. PERSONNEL

POSITION	NUMBER	SALARY	WORK PERIOD	AMOUNT
N/A				
a. Personnel Total				

b. FRINGE BENEFITS

BASE	
RATE	
b. FRINGE BENEFITS TOTAL	

c. **TRAVEL** – List trips planned, destination, dates, and the amounts per trip. Please separate local travel and out-of-state travel.

TRAVEL EXPENSES	AMOUNT
N/A	
Explain: <hr/>	
c. TRAVEL TOTAL:	

d. **EQUIPMENT** – Tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. Applicant's definition of equipment may be used provided the definition at least includes all items previously defined above.

ITEM	NUMBER	COST PER UNIT	TOTAL
N/A			
d. EQUIPMENT TOTAL			None

e. **SUPPLIES**

ITEM	NUMBER	COST PER UNIT	TOTAL
------	--------	---------------	-------

N/A			
e. SUPPLIES TOTAL			None

f. CONTRACTUAL [List each planned contract separately, type of service to be procured, proposed procurement method (i.e. small purchase, sealed bids, competitive proposals) and the estimated cost]

ITEM	PROCUREMENT METHOD	TOTAL
NONE		
f. CONTRACTUAL TOTAL		

g. CONSTRUCTION (N/A)

h. OTHER

ITEM	NUMBER	COST PER UNIT	TOTAL
Technical Assistance Support for project implementation			\$117,000
h. OTHER TOTAL			\$117,000

i. TOTAL DIRECT COSTS	\$130,000
j. INDIRECT COSTS	(BASE \$130,000 x RATE 10% = \$13,000)
k. TOTAL PROPOSED COSTS	\$130,000
FEDERAL FUNDS REQUESTED	\$130,000
RECIPIENT SHARE (MATCH)	\$0
RECIPIENT SHARE OF TOTAL PROPOSED COSTS	0%
FEDERAL SHARE OF TOTAL PROPOSED COSTS	100%

--END--

WORK PLAN**Proposal for BECC Grant to perform Sister City Planning activities in the Central U.S./Mexico Border Area**

Location: Eagle Pass / Piedras Negras to Del Rio, Ciudad Acuna

Task to be performed:

The proposed project directly addresses the provisions of Goal 5 of the Border 2012 Texas-Coahuila-Nuevo León-Tamaulipas Workgroup Priority Areas as to updating emergency response preparedness plans for sister cities. Specifically, the area to be addressed extends from Eagle Pass / Piedras Negras to Del Rio / Ciudad Acuna. The Sister City Contingency Plans for both City pairs are outdated, and are in need of revision. In addition, the new plans need to be structured in order to optimize response utility, minimize efforts required to maintain currency, and take advantage of current information management technologies.

Specifically, this effort will involve:

- 1) Conducting workshops with authorities of the different levels of government, to present the revision strategies and timelines, present preliminary results for discussion and potential approval, and present the plan's final version for signature.
- 2) Conduct hazards analyses and prepare "Risk Maps" that illustrate the location and identification of potential environmental risks associated with industrial facilities, major pipelines, and oil or chemical storage areas. These maps would cover the areas encompassed within, and between the sister city pairs.
- 3) Develop an electronic directory of response personnel, organizations, capabilities, and resources.
- 4) Develop decision support tools for evacuation / shelter-in-place decision making.
- 5) Develop expedited border crossing procedures for the project area.
- 6) Develop a responsibility matrix, and proposed joint / unified command structure for different response scenarios.
- 7) Develop a strategy for maintaining information described above on secure websites, or on other appropriate electronic media.

The plans developed through this project must be consistent with all applicable local, state, federal area, and joint U.S./Mexico Contingency Plans.

Estimated Project Cost: \$130k